

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	2		1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	0		1			
13	0		1			
14	0		1			
15	0		1			
16	0		1			
17	0		1			
18	0		1			
19	0		1			
20	0		1			
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22	0		1			
23	0		1			
24	0		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29	0		1			
30	0		1			
31	0		1			
32	0		1			
33	0		1			
34	0		1			
35	0		1			
36	0		1			
37	0		1			
38	0		1			
39	0		1			
40	0		1			
41	0		1			
42	0		1			
43	0		1			
44	1	0	1	1		
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	2		1			
TOTAL IND.			5			
TOTAL DEP.			2			
TOTAL CLAIMS			7			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52						
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.			48			
TOTAL CLAIMS			51			